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PATENT
Total Pages

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

NAMED INVENTOR OR APPLICATION IDENTIFIER: STEIN ET AL.
MEDICAL LEAD AND LEAD CONNECTOR SYSTEM

CERTIFICATE UNDER 37 CFR §1.10 I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D C 20231, *EXPRESS No EV 019 705 761 US, on this 3rd day of January, 2002

jc720 U.S. PTO
10/040143
01/03/02

MOLLY CHLEBECK
Printed Name
Signature

Commissioner for Patents
BOX PATENT APPLICATION
Washington, D.C. 20231

Sir:

We are transmitting herewith the attached:

X Patent Application Transmittal

X Specification:

Total pages: 28 (including claims and abstract: Spec. 22 sheets; Claims 5 sheets; Abstract 1

X Drawings:

Total sheets: 22
☐ formal ☒ informal

☒ Combined Declaration and Power of Attorney:

- ☒ unexecuted
- ☐ copy from prior application
- ☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))
- ☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

X Accompanying application parts:

- ☐ Notification of filing a
- ☐ Assignment of the Invention to Medtronic, Inc.
- ☐ Assignment cover sheet
- ☐ Information Disclosure Statement
- ☐ PTO Form 1449
- ☐ Copies of IDS citations
- ☐ Preliminary Amendment
- ☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.
- X Return Postcard

IF A CONTINUING APPLICATION:

- ☒ Continuation of prior application No. 09 / 838,814 ☐ Divisional ☒ Continuation-in-part (CIP)
- ☐ Amend the specification by inserting before the first line the sentence: This application is a ☐ continuation ☐ division ☐ continuation in part of application number _____, filed _____.
- ☐ Cancel in this application original claims _____ of the prior application before calculating the filing fee. (At least the original independent claim must be retained for filing purposes.)
- ☒ The prior application is assigned of record to Medtronic, Inc.
- ☐ The Power of Attorney in the prior application is to: _____.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) _____, filed _____.

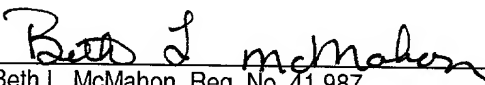
☒ Address all future correspondence to: Beth L. McMahon, Reg. No. 41,987
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FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	26	20	= 6	x 18	\$108.00
Independent Claims	5	3	= 2	x 84	\$168.00
Multiple Dependent Claims			0	+ 280	
Basic Filing Fee					\$740.00
TOTAL					\$1,016.00

☒ Charge Deposit Account No. 13-2546 the amount of **\$1,016.00**.

☒ The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date Jan 3, 2002


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